



ANNUAL STATEMENT  
For the Year Ending December 31, 2009  
OF THE CONDITION AND AFFAIRS OF THE  
HealthPlus Partners, Inc.

NAIC Group Code	3409 (Current Period)	3409 (Prior Period)	NAIC Company Code	11549	Employer's ID Number	01-0729151
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization[X]	
Incorporated/Organized	07/08/2002		Commenced Business	01/01/2003		
Statutory Home Office	2050 South Linden Road (Street and Number)		Flint, MI 48532 (City or Town, State and Zip Code)			
Main Administrative Office			2050 South Linden Road (Street and Number)		Flint, MI 48532 (City or Town, State and Zip Code)	
					(800)332-9161 (Area Code) (Telephone Number)	
Mail Address	2050 South Linden Road, P.O. Box 1700 (Street and Number or P.O. Box)		Flint, MI 48501-1700 (City or Town, State and Zip Code)			
Primary Location of Books and Records			2050 South Linden Road (Street and Number)		Flint, MI 48532 (City or Town, State and Zip Code)	
					(800)332-9161 (Area Code) (Telephone Number)	
Internet Website Address	www.healthplus.org					
Statutory Statement Contact	Matthew Andrew Mendrygal, C.P.A. (Name)		(810)230-2179 (Area Code)(Telephone Number)(Extension)			
	mmendryg@healthplus.org (E-Mail Address)		(810)733-8966 (Fax Number)			

OFFICERS

Name	Title
Bruce Roberts Hill	President
Dan Ellis Champney Esq.	Secretary
Matthew Andrew Mendrygal C.P.A.	Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Harold Leslie Mallon DDS Elnora Dasty Coe Amy Diane Farmer #	Christopher John Flores Sheryl Denise Thompson Lisa Ann Coleman #
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State of Michigan  
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) Bruce Roberts Hill (Printed Name) 1. President (Title)	(Signature) Matthew Andrew Mendrygal (Printed Name) 2. Treasurer (Title)	(Signature) Dan Ellis Champney (Printed Name) 3. Secretary (Title)
Subscribed and sworn to before me this day of , 2010	a. Is this an original filing? b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes[X] No[ ] 0 0
(Notary Public Signature)		

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D) .....	0	0	0	0
2.	Stocks (Schedule D)				
2.1	Preferred stocks .....	0	0	0	0
2.2	Common Stocks .....	6,392,145	0	6,392,145	5,498,130
3.	Mortgage loans on real estate (Schedule B):				
3.1	First liens .....	0	0	0	0
3.2	Other than first liens .....	0	0	0	0
4.	Real estate (Schedule A):				
4.1	Properties occupied by the company (less \$.....0 encumbrances) .....	0	0	0	0
4.2	Properties held for the production of income (less \$.....0 encumbrances) .....	0	0	0	0
4.3	Properties held for sale (less \$.....0 encumbrances) .....	0	0	0	0
5.	Cash (\$.....587,150 Schedule E Part 1), cash equivalents (\$.....0 Schedule E Part 2) and short-term investments (\$.....35,039,332 Schedule DA) .....	35,626,482	0	35,626,482	21,781,582
6.	Contract loans (including \$.....0 premium notes) .....	0	0	0	0
7.	Other invested assets (Schedule BA) .....	13,482	0	13,482	13,482
8.	Receivables for securities .....	0	0	0	0
9.	Aggregate write-ins for invested assets .....	0	0	0	0
10.	Subtotals, cash and invested assets (Lines 1 to 9) .....	42,032,109	0	42,032,109	27,293,194
11.	Title plants less \$.....0 charged off (for Title insurers only) .....	0	0	0	0
12.	Investment income due and accrued .....	19,718	0	19,718	53,468
13.	Premiums and considerations:				
13.1	Uncollected premiums and agents' balances in the course of collection .....	2,246,343	0	2,246,343	910,018
13.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums) .....	0	0	0	0
13.3	Accrued retrospective premiums .....	0	0	0	0
14.	Reinsurance:				
14.1	Amounts recoverable from reinsurers .....	0	0	0	0
14.2	Funds held by or deposited with reinsured companies .....	0	0	0	0
14.3	Other amounts receivable under reinsurance contracts .....	0	0	0	0
15.	Amounts receivable relating to uninsured plans .....	0	0	0	0
16.1	Current federal and foreign income tax recoverable and interest thereon .....	0	0	0	0
16.2	Net deferred tax asset .....	0	0	0	0
17.	Guaranty funds receivable or on deposit .....	0	0	0	0
18.	Electronic data processing equipment and software .....	0	0	0	0
19.	Furniture and equipment, including health care delivery assets (\$.....0) .....	0	0	0	0
20.	Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
21.	Receivables from parent, subsidiaries and affiliates .....	1,689,570	0	1,689,570	6,510
22.	Health care (\$.....493,082) and other amounts receivable .....	2,026,517	0	2,026,517	3,474,555
23.	Aggregate write-ins for other than invested assets .....	0	0	0	0
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) .....	48,014,257	0	48,014,257	31,737,745
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
26.	Total (Lines 24 and 25) .....	48,014,257	0	48,014,257	31,737,745
DETAILS OF WRITE-INS					
0901.	.....	0	0	0	0
0902.	.....	0	0	0	0
0903.	.....	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0	0	0
2301.	.....	0	0	0	0
2302.	.....	0	0	0	0
2303.	.....	0	0	0	0
2398.	Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$.....0 reinsurance ceded) .....	20,194,404	0	20,194,404	18,588,510
2.	Accrued medical incentive pool and bonus amounts .....	3,652,597	0	3,652,597	2,406,983
3.	Unpaid claims adjustment expenses .....	221,378	0	221,378	291,991
4.	Aggregate health policy reserves .....	0	0	0	0
5.	Aggregate life policy reserves .....	0	0	0	0
6.	Property/casualty unearned premium reserves .....	0	0	0	0
7.	Aggregate health claim reserves .....	0	0	0	0
8.	Premiums received in advance .....	0	0	0	0
9.	General expenses due or accrued .....	0	0	0	0
10.1	Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) .....	0	0	0	0
10.2	Net deferred tax liability .....	0	0	0	0
11.	Ceded reinsurance premiums payable .....	0	0	0	0
12.	Amounts withheld or retained for the account of others .....	0	0	0	0
13.	Remittances and items not allocated .....	0	0	0	0
14.	Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current) .....	0	0	0	0
15.	Amounts due to parent, subsidiaries and affiliates .....	518,237	0	518,237	50,729
16.	Payable for securities .....	0	0	0	0
17.	Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers) .....	0	0	0	0
18.	Reinsurance in unauthorized companies .....	0	0	0	0
19.	Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
20.	Liability for amounts held under uninsured plans .....	0	0	0	0
21.	Aggregate write-ins for other liabilities (including \$.....910 current) .....	910	0	910	810,454
22.	TOTAL Liabilities (Lines 1 to 21) .....	24,587,526	0	24,587,526	22,148,667
23.	Aggregate write-ins for special surplus funds .....	X X X	X X X	0	0
24.	Common capital stock .....	X X X	X X X	0	0
25.	Preferred capital stock .....	X X X	X X X	0	0
26.	Gross paid in and contributed surplus .....	X X X	X X X	21,771,167	14,771,167
27.	Surplus notes .....	X X X	X X X	0	0
28.	Aggregate write-ins for other than special surplus funds .....	X X X	X X X	0	0
29.	Unassigned funds (surplus) .....	X X X	X X X	1,655,564	(5,182,089)
30.	Less treasury stock, at cost:				
30.1	.....0 shares common (value included in Line 24 \$.....0) .....	X X X	X X X	0	0
30.2	.....0 shares preferred (value included in Line 25 \$.....0) .....	X X X	X X X	0	0
31.	TOTAL Capital and Surplus (Lines 23 to 29 minus Line 30) .....	X X X	X X X	23,426,731	9,589,078
32.	TOTAL Liabilities, Capital and Surplus (Lines 22 and 31) .....	X X X	X X X	48,014,257	31,737,745
DETAILS OF WRITE-INS					
2101.	Quality Assurance Assessment Program tax liability .....	0	0	0	810,454
2102.	Other Current Liabilities .....	910	0	910	0
2103.	.....	0	0	0	0
2198.	Summary of remaining write-ins for Line 21 from overflow page .....	0	0	0	0
2199.	TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above) .....	910	0	910	810,454
2301.	.....	X X X	X X X	0	0
2302.	.....	X X X	X X X	0	0
2303.	.....	X X X	X X X	0	0
2398.	Summary of remaining write-ins for Line 23 from overflow page .....	X X X	X X X	0	0
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	X X X	X X X	0	0
2801.	.....	X X X	X X X	0	0
2802.	.....	X X X	X X X	0	0
2803.	.....	X X X	X X X	0	0
2898.	Summary of remaining write-ins for Line 28 from overflow page .....	X X X	X X X	0	0
2899.	TOTALS (Lines 2801 through 2803 plus 2898) (Line 28 above) .....	X X X	X X X	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months .....	X X X .....	818,966	774,988
2.	Net premium income (including \$.....0 non-health premium income) .....	X X X .....	222,541,260	196,414,003
3.	Change in unearned premium reserves and reserve for rate credits .....	X X X .....	0	0
4.	Fee-for-service (net of \$.....0 medical expenses) .....	X X X .....	0	0
5.	Risk revenue .....	X X X .....	0	0
6.	Aggregate write-ins for other health care related revenues .....	X X X .....	(2,988,186)	(10,638,933)
7.	Aggregate write-ins for other non-health revenues .....	X X X .....	0	0
8.	TOTAL Revenues (Lines 2 to 7) .....	X X X .....	219,553,074	185,775,070
Hospital and Medical:				
9.	Hospital/medical benefits .....	0	145,151,381	130,725,537
10.	Other professional services .....	0	0	0
11.	Outside referrals .....	0	0	0
12.	Emergency room and out-of-area .....	0	12,579,846	11,181,366
13.	Prescription drugs .....	0	23,657,709	25,803,435
14.	Aggregate write-ins for other hospital and medical .....	0	424,348	316,522
15.	Incentive pool, withhold adjustments and bonus amounts .....	0	5,722,601	3,895,077
16.	Subtotal (Lines 9 to 15) .....	0	187,535,885	171,921,937
Less:				
17.	Net reinsurance recoveries .....	0	0	0
18.	TOTAL Hospital and Medical (Lines 16 minus 17) .....	0	187,535,885	171,921,937
19.	Non-health claims (net) .....	0	0	0
20.	Claims adjustment expenses, including \$.....1,539,641 cost containment expenses .....	0	2,839,275	4,040,505
21.	General administrative expenses .....	0	24,079,651	12,360,037
22.	Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....	0	0	(500,000)
23.	TOTAL Underwriting Deductions (Lines 18 through 22) .....	0	214,454,811	187,822,479
24.	Net underwriting gain or (loss) (Lines 8 minus 23) .....	X X X .....	5,098,263	(2,047,409)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	0	393,114	867,261
26.	Net realized capital gains (losses) less capital gains tax of \$.....0 .....	0	0	(19,266)
27.	Net investment gains (losses) (Lines 25 plus 26) .....	0	393,114	847,995
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....	0	0	0
29.	Aggregate write-ins for other income or expenses .....	0	0	0
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	X X X .....	5,491,377	(1,199,414)
31.	Federal and foreign income taxes incurred .....	X X X .....	0	0
32.	Net income (loss) (Lines 30 minus 31) .....	X X X .....	5,491,377	(1,199,414)
DETAILS OF WRITE-INS				
0601.	Quality Assurance Assessment Program assessments .....	X X X .....	(2,988,186)	(10,638,933)
0602.	.....	X X X .....	0	0
0603.	.....	X X X .....	0	0
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	X X X .....	0	0
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	X X X .....	(2,988,186)	(10,638,933)
0701.	.....	X X X .....	0	0
0702.	.....	X X X .....	0	0
0703.	.....	X X X .....	0	0
0798.	Summary of remaining write-ins for Line 7 from overflow page .....	X X X .....	0	0
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above) .....	X X X .....	0	0
1401.	Other Medical .....	0	424,348	316,522
1402.	.....	0	0	0
1403.	.....	0	0	0
1498.	Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above) .....	0	424,348	316,522
2901.	.....	0	0	0
2902.	.....	0	0	0
2903.	.....	0	0	0
2998.	Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above) .....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2
		Current Year	Prior Year
CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year .....	9,589,078	8,603,818
34.	Net income or (loss) from Line 32 .....	5,491,377	(1,199,414)
35.	Change in valuation basis of aggregate policy and claim reserves .....	0	0
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 .....	639,972	(1,109,022)
37.	Change in net unrealized foreign exchange capital gain or (loss) .....	0	0
38.	Change in net deferred income tax .....	0	0
39.	Change in nonadmitted assets .....	706,304	(706,304)
40.	Change in unauthorized reinsurance .....	0	0
41.	Change in treasury stock .....	0	0
42.	Change in surplus notes .....	0	0
43.	Cumulative effect of changes in accounting principles .....	0	0
44.	Capital Changes:		
44.1	Paid in .....	0	0
44.2	Transferred from surplus (Stock Dividend) .....	0	0
44.3	Transferred to surplus .....	0	0
45.	Surplus adjustments:		
45.1	Paid in .....	7,000,000	4,000,000
45.2	Transferred to capital (Stock Dividend) .....	0	0
45.3	Transferred from capital .....	0	0
46.	Dividends to stockholders .....	0	0
47.	Aggregate write-ins for gains or (losses) in surplus .....	0	0
48.	Net change in capital and surplus (Lines 34 to 47) .....	13,837,653	985,260
49.	Capital and surplus end of reporting year (Line 33 plus 48) .....	23,426,731	9,589,078
DETAILS OF WRITE-INS			
4701.	.....	0	0
4702.	.....	0	0
4703.	.....	0	0
4798.	Summary of remaining write-ins for Line 47 from overflow page .....	0	0
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....	0	0

CASH FLOW

		1	2
		Current Year	Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance .....	220,560,934	196,042,437
2.	Net investment income .....	426,864	894,606
3.	Miscellaneous income .....	(3,798,640)	(10,840,198)
4.	Total (Lines 1 through 3) .....	217,189,158	186,096,845
5.	Benefit and loss related payments .....	181,883,776	170,385,375
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	26,990,888	16,868,740
8.	Dividends paid to policyholders .....	0	0
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	0	0
10.	Total (Lines 5 through 9) .....	208,874,664	187,254,115
11.	Net cash from operations (Line 4 minus Line 10) .....	8,314,494	(1,157,270)
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds .....	0	0
12.2	Stocks .....	0	505,334
12.3	Mortgage loans .....	0	0
12.4	Real estate .....	0	0
12.5	Other invested assets .....	0	0
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0
12.7	Miscellaneous proceeds .....	0	0
12.8	Total investment proceeds (Lines 12.1 to 12.7) .....	0	505,334
13.	Cost of investments acquired (long-term only):		
13.1	Bonds .....	0	0
13.2	Stocks .....	254,042	746,726
13.3	Mortgage loans .....	0	0
13.4	Real estate .....	0	0
13.5	Other invested assets .....	0	0
13.6	Miscellaneous applications .....	0	0
13.7	Total investments acquired (Lines 13.1 to 13.6) .....	254,042	746,726
14.	Net increase (decrease) in contract loans and premium notes .....	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14) .....	(254,042)	(241,392)
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes .....	0	0
16.2	Capital and paid in surplus, less treasury stock .....	7,000,000	4,000,000
16.3	Borrowed funds .....	0	0
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....	0	0
16.5	Dividends to stockholders .....	0	0
16.6	Other cash provided (applied) .....	(1,215,552)	313,133
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6) .....	5,784,448	4,313,133
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	13,844,900	2,914,471
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year .....	21,781,582	18,867,111
19.2	End of year (Line 18 plus Line 19.1) .....	35,626,482	21,781,582

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001	.....	0	0
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income .....	222,541,260	0	0	0	0	0	0	222,541,260	0	0
2.	Change in unearned premium reserves and reserve for rate credit .....	0	0	0	0	0	0	0	0	0	0
3.	Fee-for-service (net of \$.....0 medical expenses) .....	0	0	0	0	0	0	0	0	0	X X X
4.	Risk revenue .....	0	0	0	0	0	0	0	0	0	X X X
5.	Aggregate write-ins for other health care related revenues .....	(2,988,186)	0	0	0	0	0	0	(2,988,186)	0	X X X
6.	Aggregate write-ins for other non-health care related revenues .....	0	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	0
7.	TOTAL Revenues (Lines 1 to 6) .....	219,553,074	0	0	0	0	0	0	219,553,074	0	0
8.	Hospital/medical benefits .....	145,151,381	0	0	0	0	0	0	145,151,381	0	X X X
9.	Other professional services .....	0	0	0	0	0	0	0	0	0	X X X
10.	Outside referrals .....	0	0	0	0	0	0	0	0	0	X X X
11.	Emergency room and out-of-area .....	12,579,846	0	0	0	0	0	0	12,579,846	0	X X X
12.	Prescription drugs .....	23,657,709	0	0	0	0	0	0	23,657,709	0	X X X
13.	Aggregate write-ins for other hospital and medical .....	424,348	0	0	0	0	0	0	424,348	0	X X X
14.	Incentive pool, withhold adjustments and bonus amounts .....	5,722,601	0	0	0	0	0	0	5,722,601	0	X X X
15.	Subtotal (Lines 8 to 14) .....	187,535,885	0	0	0	0	0	0	187,535,885	0	X X X
16.	Net reinsurance recoveries .....	0	0	0	0	0	0	0	0	0	X X X
17.	TOTAL Hospital and Medical (Lines 15 minus 16) .....	187,535,885	0	0	0	0	0	0	187,535,885	0	X X X
18.	Non-health claims (net) .....	0	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	0
19.	Claims adjustment expenses including \$.....1,539,641 cost containment expenses .....	2,839,275	0	0	0	0	0	0	2,839,275	0	0
20.	General administrative expenses .....	24,079,651	0	0	0	0	0	0	24,079,651	0	0
21.	Increase in reserves for accident and health contracts .....	0	0	0	0	0	0	0	0	0	X X X
22.	Increase in reserves for life contracts .....	0	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	0
23.	TOTAL Underwriting Deductions (Lines 17 to 22) .....	214,454,811	0	0	0	0	0	0	214,454,811	0	0
24.	Net underwriting gain or (loss) (Line 7 minus Line 23) .....	5,098,263	0	0	0	0	0	0	5,098,263	0	0
DETAILS OF WRITE-INS											
0501.	Quality Assurance Assessment Program assessments .....	(2,988,186)	0	0	0	0	0	0	(2,988,186)	0	X X X
0502.	.....	0	0	0	0	0	0	0	0	0	X X X
0503.	.....	0	0	0	0	0	0	0	0	0	X X X
0598.	Summary of remaining write-ins for Line 5 from overflow page .....	0	0	0	0	0	0	0	0	0	X X X
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above) .....	(2,988,186)	0	0	0	0	0	0	(2,988,186)	0	X X X
0601.	.....	0	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	0
0602.	.....	0	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	0
0603.	.....	0	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	0
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	0	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	0
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	0	X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	0
1301.	Other Medical .....	424,348	0	0	0	0	0	0	424,348	0	X X X
1302.	.....	0	0	0	0	0	0	0	0	0	X X X
1303.	.....	0	0	0	0	0	0	0	0	0	X X X
1398.	Summary of remaining write-ins for Line 13 from overflow page .....	0	0	0	0	0	0	0	0	0	X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	424,348	0	0	0	0	0	0	424,348	0	X X X

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 1 - PREMIUMS

		1	2	3	4
		Direct	Reinsurance	Reinsurance	Net Premium
Line of Business		Business	Assumed	Ceded	Income
					(Columns
					1 + 2 - 3)
1.	Comprehensive (hospital and medical) .....	0	0	0	0
2.	Medicare Supplement .....	0	0	0	0
3.	Dental only .....	0	0	0	0
4.	Vision only .....	0	0	0	0
5.	Federal Employees Health Benefits Plan .....	0	0	0	0
6.	Title XVIII - Medicare .....	0	0	0	0
7.	Title XIX - Medicaid .....	222,652,501	0	111,241	222,541,260
8.	Other health .....	0	0	0	0
9.	Health subtotal (Lines 1 through 8) .....	222,652,501	0	111,241	222,541,260
10.	Life .....	0	0	0	0
11.	Property/casualty .....	0	0	0	0
12.	TOTALS (Lines 9 to 11) .....	222,652,501	0	111,241	222,541,260



UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct .....	177,406,789	0	0	0	0	0	0	177,406,789	0	0
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
1.4 Net .....	177,406,789	0	0	0	0	0	0	177,406,789	0	0
2. Paid medical incentive pools and bonuses .....	4,476,986	0	0	0	0	0	0	4,476,986	0	0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct .....	20,194,404	0	0	0	0	0	0	20,194,404	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	20,194,404	0	0	0	0	0	0	20,194,404	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct .....	0	0	0	0	0	0	0	0	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year .....	3,652,597	0	0	0	0	0	0	3,652,597	0	0
6. Net healthcare receivables (a) .....	(2,800,601)	0	0	0	0	0	0	(2,800,601)	0	0
7. Amounts recoverable from reinsurers December 31, current year .....	0	0	0	0	0	0	0	0	0	0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct .....	18,588,510	0	0	0	0	0	0	18,588,510	0	0
8.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
8.4 Net .....	18,588,510	0	0	0	0	0	0	18,588,510	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct .....	0	0	0	0	0	0	0	0	0	0
9.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
9.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
9.4 Net .....	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year .....	2,406,983	0	0	0	0	0	0	2,406,983	0	0
11. Amounts recoverable from reinsurers December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
12. Incurred benefits:										
12.1 Direct .....	181,813,284	0	0	0	0	0	0	181,813,284	0	0
12.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
12.4 Net .....	181,813,284	0	0	0	0	0	0	181,813,284	0	0
13. Incurred medical incentive pools and bonuses .....	5,722,600	0	0	0	0	0	0	5,722,600	0	0

(a) Excludes \$.0 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Compre- hensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct .....	5,677,432	0	0	0	0	0	0	5,677,432	0	0
1.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
1.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
1.4 Net .....	5,677,432	0	0	0	0	0	0	5,677,432	0	0
2. Incurred but Unreported:										
2.1 Direct .....	13,673,706	0	0	0	0	0	0	13,673,706	0	0
2.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
2.4 Net .....	13,673,706	0	0	0	0	0	0	13,673,706	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct .....	843,266	0	0	0	0	0	0	843,266	0	0
3.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
3.4 Net .....	843,266	0	0	0	0	0	0	843,266	0	0
4. TOTALS										
4.1 Direct .....	20,194,404	0	0	0	0	0	0	20,194,404	0	0
4.2 Reinsurance assumed .....	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded .....	0	0	0	0	0	0	0	0	0	0
4.4 Net .....	20,194,404	0	0	0	0	0	0	20,194,404	0	0

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2B - ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business		Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
		1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1.	Comprehensive (hospital and medical) .....	0	0	0	0	0	0
2.	Medicare Supplement .....	0	0	0	0	0	0
3.	Dental only .....	0	0	0	0	0	0
4.	Vision only .....	0	0	0	0	0	0
5.	Federal Employees Health Benefits Plan .....	0	0	0	0	0	0
6.	Title XVIII - Medicare .....	0	0	0	0	0	0
7.	Title XIX - Medicaid .....	16,549,276	167,961,960	348,594	19,845,811	16,897,870	18,588,510
8.	Other health .....	0	0	0	0	0	0
9.	Health subtotal (Lines 1 to 8) .....	16,549,276	167,961,960	348,594	19,845,811	16,897,870	18,588,510
10.	Healthcare receivables (a) .....	3,390,933	3,713,514	199,010	294,075	3,589,943	3,293,686
11.	Other non-health .....	0	0	0	0	0	0
12.	Medical incentive pool and bonus amounts .....	3,345,042	1,131,944	178,257	3,474,340	3,523,299	2,406,983
13.	TOTALS (Lines 9 - 10 + 11 + 12) .....	16,503,385	165,380,390	327,841	23,026,076	16,831,226	17,701,807

(a) Excludes \$.00 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior .....	3,448	0	0	0	0
2.	2005 .....	119,988	3,636	0	0	0
3.	2006 .....	X X X	99,575	16,676	0	0
4.	2007 .....	X X X	X X X	141,771	13,737	0
5.	2008 .....	X X X	X X X	X X X	153,977	16,503
6.	2009 .....	X X X	X X X	X X X	X X X	165,381

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior .....	(320)	0	0	0	0
2.	2005 .....	125,467	4,636	0	0	0
3.	2006 .....	X X X	119,070	17,188	0	0
4.	2007 .....	X X X	X X X	160,063	14,543	0
5.	2008 .....	X X X	X X X	X X X	174,167	17,030
6.	2009 .....	X X X	X X X	X X X	X X X	188,701

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10  (Col. 9/1) Percent
1.	2005 .....	135,537	123,624	3,051	2.468	126,675	93.462	0	0	126,675	93.462
2.	2006 .....	136,334	116,251	3,867	3.326	120,118	88.106	0	0	120,118	88.106
3.	2007 .....	177,178	155,508	3,581	2.303	159,089	89.790	0	0	159,089	89.790
4.	2008 .....	196,586	170,480	3,909	2.293	174,389	88.709	527	0	174,916	88.977
5.	2009 .....	222,653	165,380	2,585	1.563	167,965	75.438	23,320	221	191,506	86.011

12 Total

12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only . . . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only . . . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only . . . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only . . . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only . . . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only . . . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP . . . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP . . . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP . . . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare . . . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare . . . . .	NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare . . . . .	NONE

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Title XIX - Medicaid

Section A - Paid Health Claims

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior .....	3,448	0	0	0	0
2.	2005 .....	119,988	3,636	0	0	0
3.	2006 .....	X X X	99,575	16,676	0	0
4.	2007 .....	X X X	X X X	141,771	13,737	0
5.	2008 .....	X X X	X X X	X X X	153,977	16,503
6.	2009 .....	X X X	X X X	X X X	X X X	165,381

Section B - Incurred Health Claims

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2005	2 2006	3 2007	4 2008	5 2009
1.	Prior .....	(320)	0	0	0	0
2.	2005 .....	125,467	4,636	0	0	0
3.	2006 .....	X X X	119,070	17,188	0	0
4.	2007 .....	X X X	X X X	160,063	14,543	0
5.	2008 .....	X X X	X X X	X X X	174,167	17,030
6.	2009 .....	X X X	X X X	X X X	X X X	188,701

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

Years in Which Premiums were Earned and Claims were Incurred		1  Premiums Earned	2  Claims Payments	3  Claim Adjustment Expense Payments	4  (Col. 3/2) Percent	5  Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6  (Col. 5/1) Percent	7  Claims Unpaid	8  Unpaid Claims Adjustment Expenses	9  Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10  (Col. 9/1) Percent
1.	2005 .....	135,537	123,624	3,051	2.468	126,675	93.462	0	0	126,675	93.462
2.	2006 .....	136,334	116,251	3,867	3.326	120,118	88.106	0	0	120,118	88.106
3.	2007 .....	177,178	155,508	3,581	2.303	159,089	89.790	0	0	159,089	89.790
4.	2008 .....	196,586	170,480	3,909	2.293	174,389	88.709	527	0	174,916	88.977
5.	2009 .....	222,653	165,380	2,585	1.563	167,965	75.438	23,320	221	191,506	86.011

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Other ..... NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other ..... NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other ..... NONE

13 Underwriting Invest Exh Pt 2D - A & H Reserve ..... NONE

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1	2			
		Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent (\$.....0 for occupancy of own building) .....	0	0	55,722	0	55,722
2.	Salaries, wages and other benefits .....	795,822	755,401	9,420,389	0	10,971,612
3.	Commissions (less \$.....0 ceded plus \$.....0 assumed) .....	0	0	0	0	0
4.	Legal fees and expenses .....	0	0	0	0	0
5.	Certifications and accreditation fees .....	0	0	0	0	0
6.	Auditing, actuarial and other consulting services .....	0	0	303,279	0	303,279
7.	Traveling expenses .....	12,109	1,147	179,133	0	192,389
8.	Marketing and advertising .....	1,799	0	0	0	1,799
9.	Postage, express and telephone .....	63,801	75,641	224,110	0	363,552
10.	Printing and office supplies .....	31,380	14,832	302,934	0	349,146
11.	Occupancy, depreciation and amortization .....	103,605	41,132	467,052	0	611,789
12.	Equipment .....	197	342	58,697	0	59,236
13.	Cost or depreciation of EDP equipment and software .....	181,437	314,490	1,432,466	0	1,928,393
14.	Outsourced services including EDP, claims, and other services .....	247,350	28,341	692,166	0	967,857
15.	Boards, bureaus and association fees .....	564	839	49,407	0	50,810
16.	Insurance, except on real estate .....	0	0	123,276	0	123,276
17.	Collection and bank service charges .....	0	0	13,231	0	13,231
18.	Group service and administration fees .....	0	0	0	0	0
19.	Reimbursements by uninsured plans .....	0	0	0	0	0
20.	Reimbursements from fiscal intermediaries .....	0	0	0	0	0
21.	Real estate expenses .....	0	0	52,154	0	52,154
22.	Real estate taxes .....	0	0	0	0	0
23.	Taxes, licenses and fees:					
23.1	State and local insurance taxes .....	0	0	0	0	0
23.2	State premium taxes .....	0	0	10,096,736	0	10,096,736
23.3	Regulator authority licenses and fees .....	0	0	0	0	0
23.4	Payroll taxes .....	66,438	55,679	529,879	0	651,996
23.5	Other (excluding federal income and real estate taxes) .....	0	0	2,215	0	2,215
24.	Investment expenses not included elsewhere .....	0	0	0	0	0
25.	Aggregate write-ins for expenses .....	35,139	11,790	76,805	0	123,734
26.	TOTAL Expenses Incurred (Lines 1 to 25) .....	1,539,641	1,299,634	24,079,651	0	(a) 26,918,926
27.	Less expenses unpaid December 31, current year .....	82,351	139,027	0	0	221,378
28.	Add expenses unpaid December 31, prior year .....	102,898	189,093	0	0	291,991
29.	Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0	0
30.	Amounts receivable relating to uninsured plans, current year .....	0	0	0	0	0
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30) .....	1,560,188	1,349,700	24,079,651	0	26,989,539
DETAILS OF WRITE-INS						
2501.	Conferences, Seminars and Training .....	5,699	1,962	47,937	0	55,598
2502.	Charitable Contributions .....	0	0	0	0	0
2503.	Interest Expense on Late Claims .....	0	9,816	16,291	0	26,107
2598.	Summary of remaining write-ins for Line 25 from overflow page .....	29,440	12	12,577	0	42,029
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	35,139	11,790	76,805	0	123,734

(a) Includes management fees of \$.....16,759,552 to affiliates and \$.....0 to non-affiliates.



EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds .....	(a).....0	0
1.1	Bonds exempt from U.S. tax .....	(a).....0	0
1.2	Other bonds (unaffiliated) .....	(a).....0	0
1.3	Bonds of affiliates .....	(a).....0	0
2.1	Preferred stocks (unaffiliated) .....	(b).....0	0
2.11	Preferred stocks of affiliates .....	(b).....0	0
2.2	Common stocks (unaffiliated) .....	254,043	253,602
2.21	Common stocks of affiliates .....	0	0
3.	Mortgage loans .....	(c).....0	0
4.	Real estate .....	(d).....0	0
5.	Contract loans .....	0	0
6.	Cash, cash equivalents and short-term investments .....	(e).....172,821	139,512
7.	Derivative instruments .....	(f).....0	0
8.	Other invested assets .....	0	0
9.	Aggregate write-ins for investment income .....	0	0
10.	Total gross investment income .....	426,864	393,114
11.	Investment expenses .....		(g).....0
12.	Investment taxes, licenses and fees, excluding federal income taxes .....		(g).....0
13.	Interest expense .....		(h).....0
14.	Depreciation on real estate and other invested assets .....		(i).....0
15.	Aggregate write-ins for deductions from investment income .....		0
16.	Total deductions (Lines 11 through 15) .....		0
17.	Net Investment income (Line 10 minus Line 16) .....		393,114
DETAILS OF WRITE-INS			
0901.	.....	0	0
0902.	.....	0	0
0903.	.....	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	0	0
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above) .....	0	0
1501.	.....		0
1502.	.....		0
1503.	.....		0
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		0
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15, above) .....		0
(a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.			
(c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.			
(e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.			
(f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.			
(g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.			
(h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.			
(i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.			

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds .....	0	0	0	0	0
1.1	Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2	Other bonds (unaffiliated) .....	0	0	0	0	0
1.3	Bonds of affiliates .....	0	0	0	0	0
2.1	Preferred stocks (unaffiliated) .....	0	0	0	0	0
2.11	Preferred stocks of affiliates .....	0	0	0	0	0
2.2	Common stocks (unaffiliated) .....	0	0	0	639,972	0
2.21	Common stocks of affiliates .....	0	0	0	0	0
3.	Mortgage loans .....	0	0	0	0	0
4.	Real estate .....	0	0	0	0	0
5.	Contract loans .....	0	0	0	0	0
6.	Cash, cash equivalents and short-term investments .....	0	0	0	0	0
7.	Derivative instruments .....	0	0	0	0	0
8.	Other invested assets .....	0	0	0	0	0
9.	Aggregate write-ins for capital gains (losses) .....	0	0	0	0	0
10.	Total capital gains (losses) .....	0	0	0	639,972	0
DETAILS OF WRITE-INS						
0901.	.....	0	0	0	0	0
0902.	.....	0	0	0	0	0
0903.	.....	0	0	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page ..	0	0	0	0	0
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above) ..	0	0	0	0	0

EXHIBIT OF NONADMITTED ASSETS

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D) .....	0	0	0
2.	Stocks (Schedule D):			
2.1	Preferred stocks .....	0	0	0
2.2	Common stocks .....	0	0	0
3.	Mortgage loans on real estate (Schedule B):			
3.1	First liens .....	0	0	0
3.2	Other than first liens .....	0	0	0
4.	Real estate (Schedule A):			
4.1	Properties occupied by the company .....	0	0	0
4.2	Properties held for the production of income .....	0	0	0
4.3	Properties held for sale .....	0	0	0
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA) .....	0	0	0
6.	Contract loans .....	0	0	0
7.	Other invested assets (Schedule BA) .....	0	0	0
8.	Receivables for securities .....	0	0	0
9.	Aggregate write-ins for invested assets .....	0	0	0
10.	Subtotals, cash and invested assets (Lines 1 to 9) .....	0	0	0
11.	Title plants (for Title insurers only) .....	0	0	0
12.	Invested income due and accrued .....	0	0	0
13.	Premium and considerations:			
13.1	Uncollected premiums and agents' balances in the course of collection .....	0	0	0
13.2	Deferred premiums, agents' balances and installments booked but deferred and not yet due .....	0	0	0
13.3	Accrued retrospective premiums .....	0	0	0
14.	Reinsurance:			
14.1	Amounts recoverable from reinsurers .....	0	0	0
14.2	Funds held by or deposited with reinsured companies .....	0	0	0
14.3	Other amounts receivable under reinsurance contracts .....	0	0	0
15.	Amounts receivable relating to uninsured plans .....	0	0	0
16.1	Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
16.2	Net deferred tax asset .....	0	0	0
17.	Guaranty funds receivable or on deposit .....	0	0	0
18.	Electronic data processing equipment and software .....	0	0	0
19.	Furniture and equipment, including health care delivery assets .....	0	0	0
20.	Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
21.	Receivables from parent, subsidiaries and affiliates .....	0	0	0
22.	Health care and other amounts receivable .....	0	706,304	706,304
23.	Aggregate write-ins for other than invested assets .....	0	0	0
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23) .....	0	706,304	706,304
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
26.	Total (Lines 24 and 25) .....	0	706,304	706,304
DETAILS OF WRITE-INS				
0901.	.....	0	0	0
0902.	.....	0	0	0
0903.	.....	0	0	0
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0	0
2301.	.....	0	0	0
2302.	.....	0	0	0
2303.	.....	0	0	0
2398.	Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above) .....	0	0	0

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment		Total Members at End of					6
		1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1.	Health Maintenance Organizations .....	65,218	66,328	68,175	68,983	72,050	818,966
2.	Provider Service Organizations .....	0	0	0	0	0	0
3.	Preferred Provider Organizations .....	0	0	0	0	0	0
4.	Point of Service .....	0	0	0	0	0	0
5.	Indemnity Only .....	0	0	0	0	0	0
6.	Aggregate write-ins for other lines of business .....	0	0	0	0	0	0
7.	TOTAL .....	65,218	66,328	68,175	68,983	72,050	818,966
DETAILS OF WRITE-INS							
0601.	.....	0	0	0	0	0	0
0602.	.....	0	0	0	0	0	0
0603.	.....	0	0	0	0	0	0
0698.	Summary of remaining write-ins for Line 6 from overflow page .....	0	0	0	0	0	0
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above) .....	0	0	0	0	0	0

## Notes to Financial Statements

### 1. Significant Accounting Policies

#### A. Basis of Presentation

The accompanying financial statements of HealthPlus Partners, Inc. (the Company) have been prepared in conformity with the 2009 NAIC Annual Statement Instructions and the NAIC Accounting Practices and Procedures Manual as of March 2009, to the extent that the accounting practices, procedures, and reporting standards are not modified by the Michigan Insurance Code or the 2009 Forms and Instructions for Required Filings in Michigan.

#### B. Management Estimates

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policy

Premium revenue is recognized in the month that members are entitled to health care services. The liability for incurred medical and hospital claims is accrued in the period during which the services are provided and includes estimates of services performed, which have not been reported to the Company.

In addition, the company uses the following accounting policies:

- 1) Short Term Investments are stated at amortized cost.
- 2) The Company has no long-term bonds.
- 3) Common Stocks are reported at market value.
- 4) The Company has no Preferred Stocks to report.
- 5) The Company has no mortgage loans to report.
- 6) The Company has no Loan Backed Securities.
- 7) The Company carries its investment in HGH, Inc. at audited GAAP equity.
- 8) The Company has no ownership interests in joint ventures or limited liability companies.
- 9) The Company has no derivatives to report.
- 10) The Company uses anticipated investment income as a factor in the calculation of premium deficiency reserves.
- 11) Unpaid claims include amounts determined from individual case estimates and amounts based on past experiences, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- 12) The Company has no capitalized assets.
- 13) Estimated pharmaceutical rebate receivables are based primarily on historical trends.

### 2. Accounting Changes and Corrections of Errors

#### A. Accounting changes and corrections of errors.

The Company did not discover any material errors or make any material changes in accounting principles as of the Year Ended December 31, 2009.

### 3. Business Combinations and Goodwill

None.

## Notes to Financial Statements

### 4. Discontinued Operations

None.

### 5. Investments – Mortgage Loans, Debt Restructuring, Reverse Mortgages, Loan-Backed Securities, Repurchase Agreements, Real Estate

None.

### 6. Joint Ventures, Partnerships and Limited Liability Companies

None.

### 7. Investment Income

The Company does not exclude any investment income due and accrued.

### 8. Derivative Instruments

None.

### 9. Income Taxes

The Company is exempt from Federal income tax under Internal Revenue Code Section 501(c)(4). The Company is also exempt from Michigan Business Tax.

### 10. Information Concerning Parent, Subsidiaries and Affiliates

HealthPlus Partners, Inc. is a wholly owned subsidiary of HealthPlus of Michigan Inc. The Company began operations January 1, 2003.

HealthPlus Partners, Inc. has entered into agreements with its parent, HealthPlus of Michigan, Inc. for administrative services. These services amounted to \$16,759,552 in 2009 and \$16,505,601 in 2008. The Company received additional capital contributions of \$7,000,000 from its parent, HealthPlus of Michigan, Inc. in 2009.

The Company was a part owner of a non-profit corporation, HGH, Inc., with Hurley Medical Center and Genesys Regional Medical Center for the purpose of providing services to Medicaid members in Genesee, Lapeer and Shiawassee Counties. At the December 2005 meeting of the HGH, Inc. Board of Directors, a plan for the dissolution of HGH, Inc. was approved with dissolution to occur during 2006. Dissolution occurred in the fourth quarter of 2007, with the exception of a minor amount of accrued interest yet to be disbursed.

### 11. Debt

None.

### 12. Retirement Plan

None.

Notes to Financial Statements

13. Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

The Company has no Shareholder’s Dividend Restrictions or Quasi-Reorganizations to report.

The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

- a. change in unrealized gains and losses: \$ 639,972
- b. change in nonadmitted asset values: \$ 706,304

Unrealized gains and losses consist of the following:

Unrealized gains/(losses) on stocks \$ 639,972

14. Contingencies

In the normal course of business, HealthPlus Partners, Inc. is a party to certain legal matters. Management is of the opinion that resolution of these matters will not have a material effect on the Company’s financial position or results of operations.

15. Leases

None.

16. Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

None.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

None.

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

None.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

None.

20. Other Items

The Company has no extraordinary items or other disclosures to report.

21. Events Subsequent

There were no events subsequent to the close of the books or accounts for this statement which may have a material effect on the financial condition of the Company.

Notes to Financial Statements

22. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the Company?  
Yes ( )      No (x)
  
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?  
Yes ( )      No (x)

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit?  
Yes (x)      No ( )
  - a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate.  
\$ 0.
  - b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability for these agreements in this statement?  
\$ 0.
  
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?  
Yes ( )      No (x)

Section 3 – Ceded Reinsurance – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate.  
\$ 0.

Notes to Financial Statements

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?  
Yes ( )                      No (x)

(3) Uncollectible Reinsurance  
  
None.

C.      Commutation of Ceded Reinsurance  
  
None.

23. Retrospectively Rated Contracts and Contracts Subject to Redetermination  
  
None.

24. Change in Incurred Claims and Claim Adjustment Expenses  
  
Reserves for incurred claims attributable to insured events of prior years has been increased (decreased) by (\$640,449) in 2009 and (\$716,617) in 2008, net of risk sharing, as a result of re-estimation of unpaid claims. This increase (decrease) is the result of ongoing analysis and original estimates are increased or decreased as additional information becomes known.

25. Intercompany Pooling Arrangements  
  
None.

26. Structured Settlements  
  
Not applicable.

27. Health Care Receivables  
  
(a)    Pharmaceutical Rebate Receivables

Pharmaceutical rebate receivables consist of actual amounts billed for the previous quarter, based on actual prescriptions filled, and estimates of rebates for the current quarter. Estimated rebates are based primarily on historical trends.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/ Confirmed	Actual rebates Collected Within 90 Days of Invoicing/ Confirmation	Actual Rebates Collected Within 91 to 180 Days of Invoicing/ Confirmation	Actual Rebates Collected More Than 180 Days After Invoicing/ Confirmation
12/31/2009	2,000	0	0	0	0
09/30/2009	2,131	2,131	0	0	0
06/30/2009	0	1,167	1,167	0	0
03/31/2009	0	3,815	3,815	0	0
12/31/2008	0	2,056	2,056	0	0
09/30/2008	0	2,675	2,675	0	0
06/30/2008	0	3,563	3,563	0	0
03/31/2008	0	3,877	3,877	0	0
12/31/2007	0	1,470	1,470	0	0
09/30/2007	0	1,427	1,427	0	0
06/30/2007	0	586	586	0	0
03/31/2007	0	1,341	1,341	0	0



(b) Risk Sharing Receivables

The Company has agreements, which provide the basis of payments to different provider groups for the delivery of health care services. The groups include hospitals, physician hospital organizations, and physicians. The agreements include provisions for the sharing of surplus or deficits calculated by the comparison of total expense to funding reported for the Company’s members served by the physicians affiliated with each contracting provider group. The funding levels are primarily based on a percentage of the premium, which the Company receives for providing health insurance coverage to Medicaid beneficiaries. Certain of these providers have entered into separate agreements with affiliated hospitals to share any surplus or deficit associated with services to physician members.

Risk sharing receivables recorded in accordance with the aforementioned agreements are detailed in the table below.

Calendar Year	Evaluation Period Year Ending	Risk Sharing Receivable as Estimated And Reported in the Prior Year	Risk Sharing Receivable as Estimated And Reported in the Current Year	Risk Sharing Receivable Invoiced	Risk Sharing Receivable Not Invoiced	Actual Risk Sharing Amounts Collected in Year Invoiced	Actual Risk Sharing Amounts Collected First Year Subsequent	Actual Risk Sharing Amounts Collected Second Year Subsequent	Actual Risk Sharing Amounts Collected – All Other
2009	2009		199,006						
	2010								
2008	2008		1,736,211	1,736,211		1,736,211			
	2009								
2007	2007		4,485,084	4,485,084		3,778,780	706,304		
	2008								
2006	2006		3,894,587	3,894,587		3,894,587			
	2007								

28. Participating Policies

None.

29. Premium Deficiency Reserves

None.

30. Salvage and Subrogation

The Company has not specifically identified any anticipated salvage and subrogation amounts in its calculation of loss reserves.

GENERAL INTERROGATORIES  
PART 1 - COMMON INTERROGATORIES  
GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes[X] No[ ]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes[X] No[ ] N/A[ ]  
Michigan

1.3 State Regulating?

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes[ ] No[X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2006

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2006

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/30/2008

3.4 By what department or departments?

Department of Energy, Labor & Economic Growth, Office of Financial & Insurance Regulation, Office of Financial Evaluation

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?

Yes[ ] No[ ] N/A[X]

3.6 Have all of the recommendations within the latest financial examination report been complied with?

Yes[ ] No[ ] N/A[X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?

Yes[ ] No[X]

4.12 renewals?

Yes[ ] No[X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?

Yes[ ] No[X]

4.22 renewals?

Yes[ ] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes[ ] No[X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes[ ] No[X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes[ ] No[X]

7.2 If yes,

7.21 State the percentage of foreign control

0.000%

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes[ ] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?

Yes[ ] No[X]

8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
		Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Ernst & Young, LLP. Suite 1700, 500 Woodward, Detroit, MI, 48226

10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Michael J. Cellini, ASA, MAAA, Ernst & Young, LLP. 5 Times Square, New York, NY, 10036

11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes[ ] No[X]

11.11 Name of real estate holding company

11.12 Number of parcels involved

0

11.13 Total book/adjusted carrying value

\$ 0

11.2 If yes, provide explanation

12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

12.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes[ ] No[ ] N/A[X]

12.3 Have there been any changes made to any of the trust indentures during the year?

Yes[ ] No[ ] N/A[X]

GENERAL INTERROGATORIES (Continued)

- 12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes?

Yes[ ] No[ ] N/A[X]
- 13.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes[X] No[ ]

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

13.11 If the response to 13.1 is No, please explain:

13.2 Has the code of ethics for senior managers been amended?

Yes[ ] No[X]

13.21 If the response to 13.2 is Yes, provide information related to amendment(s).

13.3 Have any provisions of the code of ethics been waived for any of the specified officers?

Yes[ ] No[X]

13.31 If the response to 13.3 is Yes, provide the nature of any waiver(s).
- BOARD OF DIRECTORS
14. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof?

Yes[ ] No[X]

15. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes[X] No[ ]

16. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes[X] No[ ]
- FINANCIAL
17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes[ ] No[X]

18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

18.11 To directors or other officers

\$ ..... 0

18.12 To stockholders not officers

\$ ..... 0

18.13 Trustees, supreme or grand (Fraternal only)

\$ ..... 0

18.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

18.21 To directors or other officers

\$ ..... 0

18.22 To stockholders not officers

\$ ..... 0

18.23 Trustees, supreme or grand (Fraternal only)

\$ ..... 0

19.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement?

Yes[ ] No[X]

19.2 If yes, state the amount thereof at December 31 of the current year:

19.21 Rented from others

\$ ..... 0

19.22 Borrowed from others

\$ ..... 0

19.23 Leased from others

\$ ..... 0

19.24 Other

\$ ..... 0

20.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes[ ] No[X]

20.2 If answer is yes:

20.21 Amount paid as losses or risk adjustment

\$ ..... 0

20.22 Amount paid as expenses

\$ ..... 0

20.23 Other amounts paid

\$ ..... 0

21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes[X] No[ ]

21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$ ..... 1,689,570
- INVESTMENT
- 22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 22.3)

Yes[X] No[ ]

22.2 If no, give full and complete information, relating thereto:

22.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet, (an alternative is to reference Note 16 where this information is also provided)

22.4 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes[ ] No[ ] N/A[X]

22.5 If answer to 22.4 is YES, report amount of collateral

\$ ..... 0

22.6 If answer to 22.4 is NO, report amount of collateral

\$ ..... 0

23.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1 and 22.3).

Yes[X] No[ ]

23.2 If yes, state the amount thereof at December 31 of the current year:

23.21 Subject to repurchase agreements

\$ ..... 0

23.22 Subject to reverse repurchase agreements

\$ ..... 0

23.23 Subject to dollar repurchase agreements

\$ ..... 0

23.24 Subject to reverse dollar repurchase agreements

\$ ..... 0

23.25 Pledged as collateral

\$ ..... 0

23.26 Placed under option agreements

\$ ..... 0

23.27 Letter stock or securities restricted as to sale

\$ ..... 0

23.28 On deposit with state or other regulatory body

\$ ..... 1,000,000

23.29 Other

\$ ..... 0

23.3 For category (23.27) provide the following:
- | 1                     | 2           | 3      |
|-----------------------|-------------|--------|
| Nature of Restriction | Description | Amount |
| .....                 | .....       | 0      |
- 24.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes[ ] No[X]

24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes[ ] No[ ] N/A[X]

If no, attach a description with this statement.

25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes[ ] No[X]

25.2 If yes, state the amount thereof at December 31 of the current year.

\$ ..... 0

26.1

GENERAL INTERROGATORIES (Continued)

26. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping agreements of the NAIC Financial Condition Examiners Handbook?
- 26.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:
- Yes[X] No[ ]

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Asset Management .....	611 Woodward Ave. Detroit, MI 48226 .....
Citizens Bank Wealth Management .....	328 South Saginaw Street, Flint, MI, 48502 .....

- 26.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

- 26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year?
- 26.04 If yes, give full and complete information relating thereto:
- Yes[X] No[ ]

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	Citizens Bank Wealth Management .....	08/05/2009 .	New account .....

- 26.05 Identify all investment advisers, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
104234 .....	JP Morgan Asset Management .....	611 Woodward Ave. Detroit, MI 48226 .....
111223 .....	Citizens Bank Wealth Management .....	328 South Saginaw Street, Flint, MI, 48502 .....

- 27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])?
- 27.2 If yes, complete the following schedule:
- Yes[X] No[ ]

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
..... 4812C0100 ....	JPMorgan Core Bond Fund .....	..... 3,700,960
..... 4812C1553 ....	JPMorgan Equity Index Fund .....	..... 2,691,185
27.2999 Total .....		..... 6,392,145

- 27.3 For each mutual fund listed in the table above, complete the following schedule:

1  Name of Mutual Fund (from above table)	2  Name of Significant Holding of the Mutual Fund	3  Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4  Date of Valuation
JPMorgan Core Bond Fund .....	U.S. Treasury Bonds .....	..... 103,627	... 12/31/2009 ..
JPMorgan Core Bond Fund .....	U.S. Treasury Bonds .....	..... 70,318	... 12/31/2009 ..
JPMorgan Core Bond Fund .....	US Treasury Notes .....	..... 55,514	... 12/31/2009 ..
JPMorgan Core Bond Fund .....	US Treasury Bonds .....	..... 40,711	... 12/31/2009 ..
JPMorgan Core Bond Fund .....	US Treasury Notes .....	..... 25,907	... 12/31/2009 ..
JPMorgan Equity Index Fund .....	Exxon-Mobil Corp. ....	..... 86,118	... 12/31/2009 ..
JPMorgan Equity Index Fund .....	Microsoft Corp. ....	..... 64,588	... 12/31/2009 ..
JPMorgan Equity Index Fund .....	Apple, Inc. ....	..... 51,133	... 12/31/2009 ..
JPMorgan Equity Index Fund .....	Johnson & Johnson .....	..... 48,441	... 12/31/2009 ..
JPMorgan Equity Index Fund .....	Proctor & Gamble Co. ....	..... 48,441	... 12/31/2009 ..

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

GENERAL INTERROGATORIES (Continued)

		1	2	3
		Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
28.1	Bonds .....	35,039,332	35,039,332	0
28.2	Preferred stocks .....	0	0	0
28.3	Totals .....	35,039,332	35,039,332	0

- 28.4 Describe the sources or methods utilized in determining the fair values  
Fair values are provided by the Company's investment custodian.
- 29.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes[X] No[ ]
- 29.2 If yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes[ ] No[X] N/A[ ]
- 29.3 If no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
- 30.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[ ] No[X]
- 30.2 If no, list exceptions:

OTHER

- 31.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$..... 0
- 31.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	0

- 32.1 Amount of payments for legal expenses, if any?

\$..... 0
- 32.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....	0

- 33.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$..... 0
- 33.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies officers or department of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	0

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes[ ] No[X]

1.2 If yes, indicate premium earned on U.S. business only:

\$ ..... 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$ ..... 0

1.31 Reason for excluding:

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$ ..... 0

1.5 Indicate total incurred claims on all Medicare Supplement insurance.

\$ ..... 0

1.6 Individual policies - Most current three years:

1.61 Total premium earned

\$ ..... 0

1.62 Total incurred claims

\$ ..... 0

1.63 Number of covered lives

..... 0

All years prior to most current three years:

1.64 Total premium earned

\$ ..... 0

1.65 Total incurred claims

\$ ..... 0

1.66 Number of covered lives

..... 0

1.7 Group policies - Most current three years:

1.71 Total premium earned

\$ ..... 0

1.72 Total incurred claims

\$ ..... 0

1.73 Number of covered lives

..... 0

All years prior to most current three years:

1.74 Total premium earned

\$ ..... 0

1.75 Total incurred claims

\$ ..... 0

1.76 Number of covered lives

..... 0

2. Health Test

		1	2
		Current Year	Prior Year
2.1	Premium Numerator .....	222,541,260	196,414,003
2.2	Premium Denominator .....	222,541,260	196,414,003
2.3	Premium Ratio (2.1 / 2.2) .....	1.000	1.000
2.4	Reserve Numerator .....	23,847,001	20,250,493
2.5	Reserve Denominator .....	23,847,001	20,250,493
2.6	Reserve Ratio (2.4 / 2.5) .....	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes[ ] No[X]

3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?

Yes[X] No[ ]

4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes[ ] No[X]

5.1 Does the reporting entity have stop-loss reinsurance?

Yes[X] No[ ]

5.2 If no, explain:

5.3 Maximum retained risk (see instructions):

5.31 Comprehensive Medical

\$ ..... 1,175,000

5.32 Medical Only

\$ ..... 0

5.33 Medicare Supplement

\$ ..... 0

5.34 Dental & Vision

\$ ..... 0

5.35 Other Limited Benefit Plan

\$ ..... 0

5.36 Other

\$ ..... 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

Provider contracts provide for continuation of services and hold-harmless language. An insolvency rider is also in place.

7.1 Does the reporting entity set up its claim liability for provider services on a service date base?

Yes[X] No[ ]

7.2 If no, give details:

8. Provide the following information regarding participating providers:

8.1 Number of providers at start of reporting year

..... 1,267

8.2 Number of providers at end of reporting year

..... 1,406

9.1 Does the reporting entity have business subject to premium rate guarantees?

Yes[ ] No[X]

9.2 If yes, direct premium earned:

9.21 Business with rate guarantees between 15-36 months

..... 0

9.22 Business with rate guarantees over 36 months

..... 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts?

Yes[X] No[ ]

10.2 If yes:

10.21 Maximum amount payable bonuses

\$ ..... 8,334,625

10.22 Amount actually paid for year bonuses

\$ ..... 4,476,986

10.23 Maximum amount payable withholds

\$ ..... 1,227,447

10.24 Amount actually paid for year withholds

\$ ..... 384,181

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

Yes[ ] No[X]

11.13 An Individual Practice Association (IPA), or,

Yes[ ] No[X]

11.14 A Mixed Model (combination of above)?

Yes[X] No[ ]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

Yes[X] No[ ]

11.3 If yes, show the name of the state requiring such net worth.

Michigan

11.4 If yes, show the amount required.

\$ ..... 11,123,922

11.5 Is this amount included as part of a contingency reserve in stockholder's equity?

Yes[ ] No[X]

11.6 If the amount is calculated, show the calculation.

The greater of \$1,500,000, four percent of subscription revenue, three month's uncovered expenditures, or RBC after covariance

12. List service areas in which the reporting entity is licensed to operate:

1
Name of Service Area
Bay County, MI .....
Genesee County, MI .....
Lapeer County, MI .....
Saginaw County, MI .....
Shiawassee County, MI .....
Tuscola County, MI .....

13.1 Do you act as a custodian for health savings accounts?

Yes[ ] No[X]

GENERAL INTERROGATORIES (Continued)

13.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$.....0

13.3 Do you act as an administrator for health savings accounts?

Yes[ ] No[X]

13.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$.....0

FIVE-YEAR HISTORICAL DATA

	1 2009	2 2008	3 2007	4 2006	5 2005
<b>BALANCE SHEET (Pages 2 and 3)</b>					
1. TOTAL Admitted Assets (Page 2, Line 26) .....	48,014,257	31,737,745	32,543,050	34,955,265	15,045,917
2. TOTAL Liabilities (Page 3, Line 22) .....	24,587,526	22,148,667	23,939,232	23,472,930	6,555,197
3. Statutory surplus .....	11,123,922	10,085,370	8,194,484	7,075,212	5,097,178
4. TOTAL Capital and Surplus (Page 3, Line 31) .....	23,426,731	9,589,078	8,603,818	11,482,335	8,490,720
<b>INCOME STATEMENT (Page 4)</b>					
5. TOTAL Revenues (Line 8) .....	219,553,074	185,775,070	166,901,702	128,127,342	135,926,617
6. TOTAL Medical and Hospital Expenses (Line 18) .....	187,535,885	171,921,937	156,162,458	115,007,718	123,584,404
7. Claims adjustment expenses (Line 20) .....	2,839,275	4,040,505	3,608,782	3,550,826	3,026,290
8. TOTAL Administrative Expenses (Line 21) .....	24,079,651	12,360,037	10,884,713	9,038,471	9,722,193
9. Net underwriting gain (loss) (Line 24) .....	5,098,263	(2,047,409)	(4,254,251)	530,327	(406,270)
10. Net investment gain (loss) (Line 27) .....	393,114	847,995	1,295,174	1,278,832	561,862
11. TOTAL Other Income (Lines 28 plus 29) .....	0	0	0	0	0
12. Net income or (loss) (Line 32) .....	5,491,377	(1,199,414)	(2,959,077)	1,809,159	155,592
<b>Cash Flow (Page 6)</b>					
13. Net cash from operations (Line 11) .....	8,314,494	(1,157,270)	(4,051,479)	16,001,426	416,705
<b>RISK-BASED CAPITAL ANALYSIS</b>					
14. TOTAL Adjusted Capital .....	23,426,731	19,943,749	12,949,093	11,482,335	8,490,720
15. Authorized control level risk-based capital .....	5,561,961	5,644,028	4,173,975	3,537,606	3,492,959
<b>ENROLLMENT (Exhibit 1)</b>					
16. TOTAL Members at End of Period (Column 5, Line 7) .....	72,050	65,218	63,870	63,508	61,692
17. TOTAL Members Months (Column 6, Line 7) .....	818,966	774,988	771,583	743,846	737,361
<b>OPERATING PERCENTAGE (Page 4)</b>					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5) .....	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19) .....	84.3	87.5	88.0	84.4	91.2
20. Cost containment expenses .....	0.7	1.1	1.1	1.8	1.4
21. Other claims adjustment expenses .....	0.6	1.0	0.9	0.8	0.8
22. TOTAL Underwriting Deductions (Line 23) .....	96.4	95.6	96.5	93.7	100.6
23. TOTAL Underwriting Gain (Loss) (Line 24) .....	2.3	(1.0)	(2.4)	0.4	(0.3)
<b>UNPAID CLAIMS ANALYSIS</b>					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5) .....	16,831,226	13,303,552	17,019,081	4,635,822	3,895,691
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)] .....	17,701,807	13,875,288	16,160,090	4,364,082	4,215,346
<b>INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES</b>					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1) .....	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1) .....	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1) .....	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
30. Affiliated mortgage loans on real estate .....	0	0	0	0	0
31. All other affiliated .....	13,482	13,482	5,000	745,455	(156,939)
32. TOTAL of Above Lines 26 to 31 .....	13,482	13,482	5,000	745,455	(156,939)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes[ ] No[ ] N/A[X]

If no, please explain::

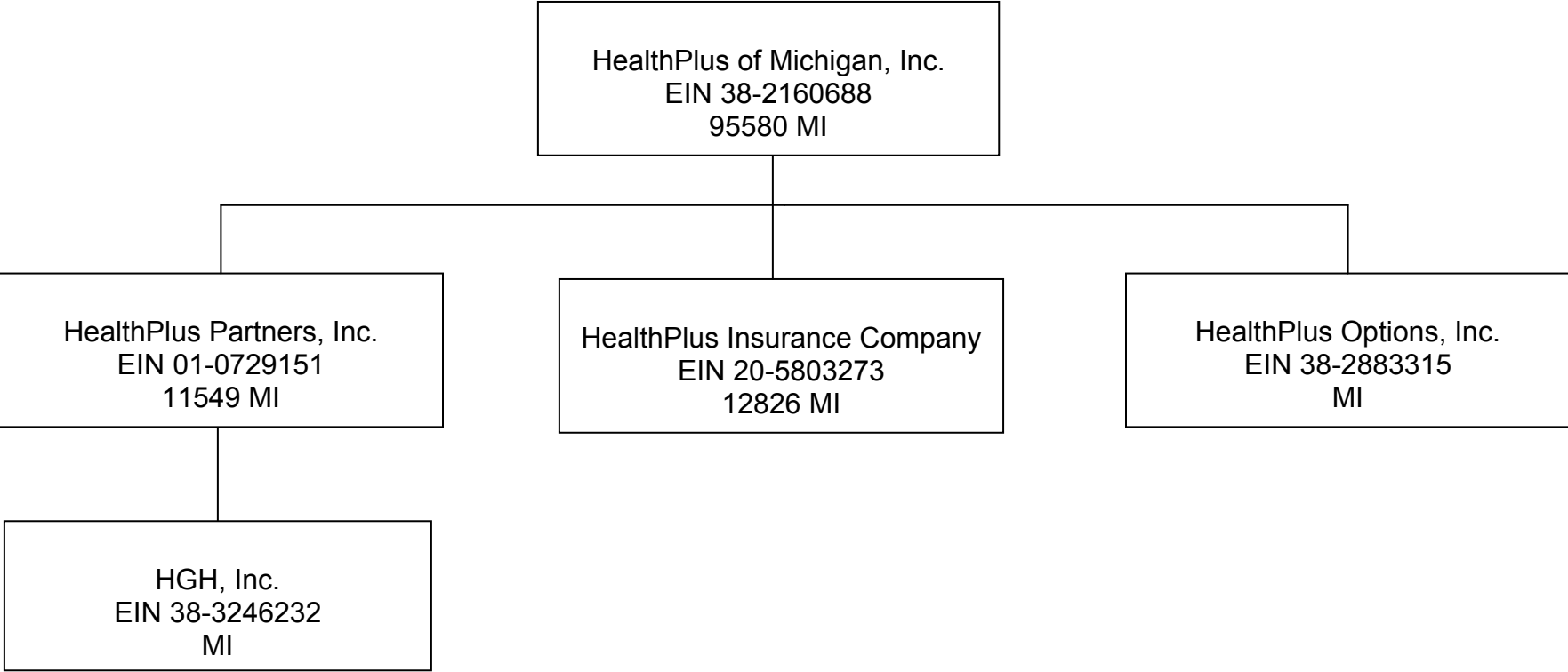


SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS  
ALLOCATED BY STATES AND TERRITORIES

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
State, Etc.		Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit - Type Contracts
1.	Alabama (AL)	N	0	0	0	0	0	0	0	0
2.	Alaska (AK)	N	0	0	0	0	0	0	0	0
3.	Arizona (AZ)	N	0	0	0	0	0	0	0	0
4.	Arkansas (AR)	N	0	0	0	0	0	0	0	0
5.	California (CA)	N	0	0	0	0	0	0	0	0
6.	Colorado (CO)	N	0	0	0	0	0	0	0	0
7.	Connecticut (CT)	N	0	0	0	0	0	0	0	0
8.	Delaware (DE)	N	0	0	0	0	0	0	0	0
9.	District of Columbia (DC)	N	0	0	0	0	0	0	0	0
10.	Florida (FL)	N	0	0	0	0	0	0	0	0
11.	Georgia (GA)	N	0	0	0	0	0	0	0	0
12.	Hawaii (HI)	N	0	0	0	0	0	0	0	0
13.	Idaho (ID)	N	0	0	0	0	0	0	0	0
14.	Illinois (IL)	N	0	0	0	0	0	0	0	0
15.	Indiana (IN)	N	0	0	0	0	0	0	0	0
16.	Iowa (IA)	N	0	0	0	0	0	0	0	0
17.	Kansas (KS)	N	0	0	0	0	0	0	0	0
18.	Kentucky (KY)	N	0	0	0	0	0	0	0	0
19.	Louisiana (LA)	N	0	0	0	0	0	0	0	0
20.	Maine (ME)	N	0	0	0	0	0	0	0	0
21.	Maryland (MD)	N	0	0	0	0	0	0	0	0
22.	Massachusetts (MA)	N	0	0	0	0	0	0	0	0
23.	Michigan (MI)	L	0	0	222,652,501	0	0	0	222,652,501	0
24.	Minnesota (MN)	N	0	0	0	0	0	0	0	0
25.	Mississippi (MS)	N	0	0	0	0	0	0	0	0
26.	Missouri (MO)	N	0	0	0	0	0	0	0	0
27.	Montana (MT)	N	0	0	0	0	0	0	0	0
28.	Nebraska (NE)	N	0	0	0	0	0	0	0	0
29.	Nevada (NV)	N	0	0	0	0	0	0	0	0
30.	New Hampshire (NH)	N	0	0	0	0	0	0	0	0
31.	New Jersey (NJ)	N	0	0	0	0	0	0	0	0
32.	New Mexico (NM)	N	0	0	0	0	0	0	0	0
33.	New York (NY)	N	0	0	0	0	0	0	0	0
34.	North Carolina (NC)	N	0	0	0	0	0	0	0	0
35.	North Dakota (ND)	N	0	0	0	0	0	0	0	0
36.	Ohio (OH)	N	0	0	0	0	0	0	0	0
37.	Oklahoma (OK)	N	0	0	0	0	0	0	0	0
38.	Oregon (OR)	N	0	0	0	0	0	0	0	0
39.	Pennsylvania (PA)	N	0	0	0	0	0	0	0	0
40.	Rhode Island (RI)	N	0	0	0	0	0	0	0	0
41.	South Carolina (SC)	N	0	0	0	0	0	0	0	0
42.	South Dakota (SD)	N	0	0	0	0	0	0	0	0
43.	Tennessee (TN)	N	0	0	0	0	0	0	0	0
44.	Texas (TX)	N	0	0	0	0	0	0	0	0
45.	Utah (UT)	N	0	0	0	0	0	0	0	0
46.	Vermont (VT)	N	0	0	0	0	0	0	0	0
47.	Virginia (VA)	N	0	0	0	0	0	0	0	0
48.	Washington (WA)	N	0	0	0	0	0	0	0	0
49.	West Virginia (WV)	N	0	0	0	0	0	0	0	0
50.	Wisconsin (WI)	N	0	0	0	0	0	0	0	0
51.	Wyoming (WY)	N	0	0	0	0	0	0	0	0
52.	American Samoa (AS)	N	0	0	0	0	0	0	0	0
53.	Guam (GU)	N	0	0	0	0	0	0	0	0
54.	Puerto Rico (PR)	N	0	0	0	0	0	0	0	0
55.	U.S. Virgin Islands (VI)	N	0	0	0	0	0	0	0	0
56.	Northern Marianas Islands (MP)	N	0	0	0	0	0	0	0	0
57.	Canada (CN)	N	0	0	0	0	0	0	0	0
58.	Aggregate other alien (OT)	X X X	0	0	0	0	0	0	0	0
59.	Subtotal	X X X	0	0	222,652,501	0	0	0	222,652,501	0
60.	Reporting entity contributions for Employee Benefit Plans	X X X	0	0	0	0	0	0	0	0
61.	TOTAL (Direct Business)	(a).... 1	0	0	222,652,501	0	0	0	222,652,501	0
DETAILS OF WRITE-INS										
5801.		X X X	0	0	0	0	0	0	0	0
5802.		X X X	0	0	0	0	0	0	0	0
5803.		X X X	0	0	0	0	0	0	0	0
5898.	Summary of remaining write-ins for Line 58 from overflow page	X X X	0	0	0	0	0	0	0	0
5899.	TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	X X X	0	0	0	0	0	0	0	0

(a) Insert the number of L responses except for Canada and Other Alien.  
Explanation of basis of allocation of premiums by states, etc.: All premiums are written in the State of Michigan

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER  
MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART



33.33% ownership. Under dissolution.

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